

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## Chapter 257 of the Acts of 2008

**Provider Information and Dialogue Session:  
Domestic and Sexual Assault Victim Services**

**June 17, 2014**

[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)  
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# Agenda



Chapter 257 of the Acts of 2008

Review of Pricing Process

Domestic and Sexual Assault Victim Services Rate Project

- Programs and Program Descriptions
- Provider Overlap
- Program Commonalities
- Discussion Questions

Questions/Feedback



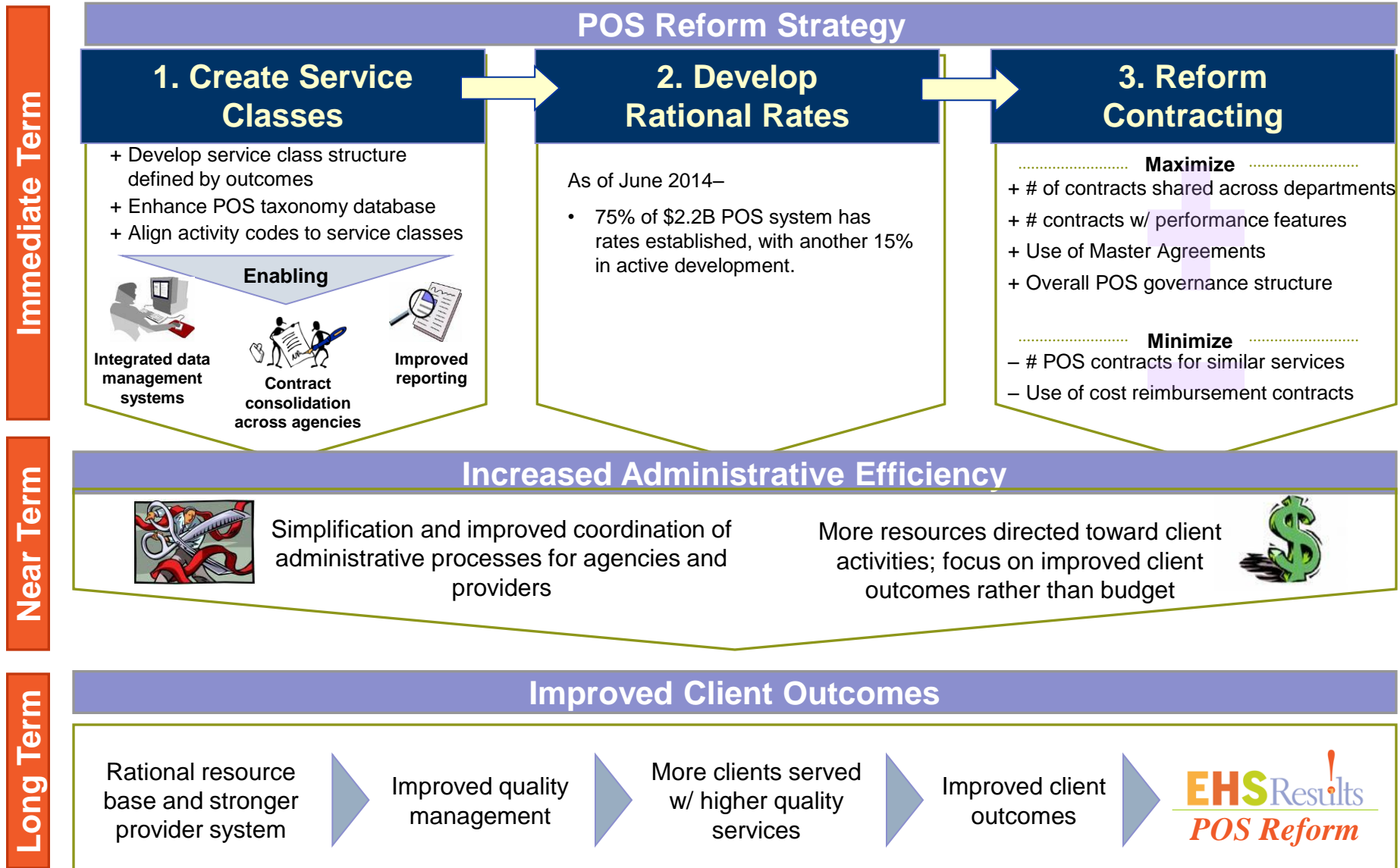
## Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



- Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
  - Reasonable costs incurred by efficiently and economically operated providers
  - Reasonable costs to providers of any existing or new governmental mandate
  - Changes in costs associated with the delivery of services (e.g. inflation)
  - Substantial geographical differences in the costs of service delivery



# Chapter 257 Supports POS Reform Strategies

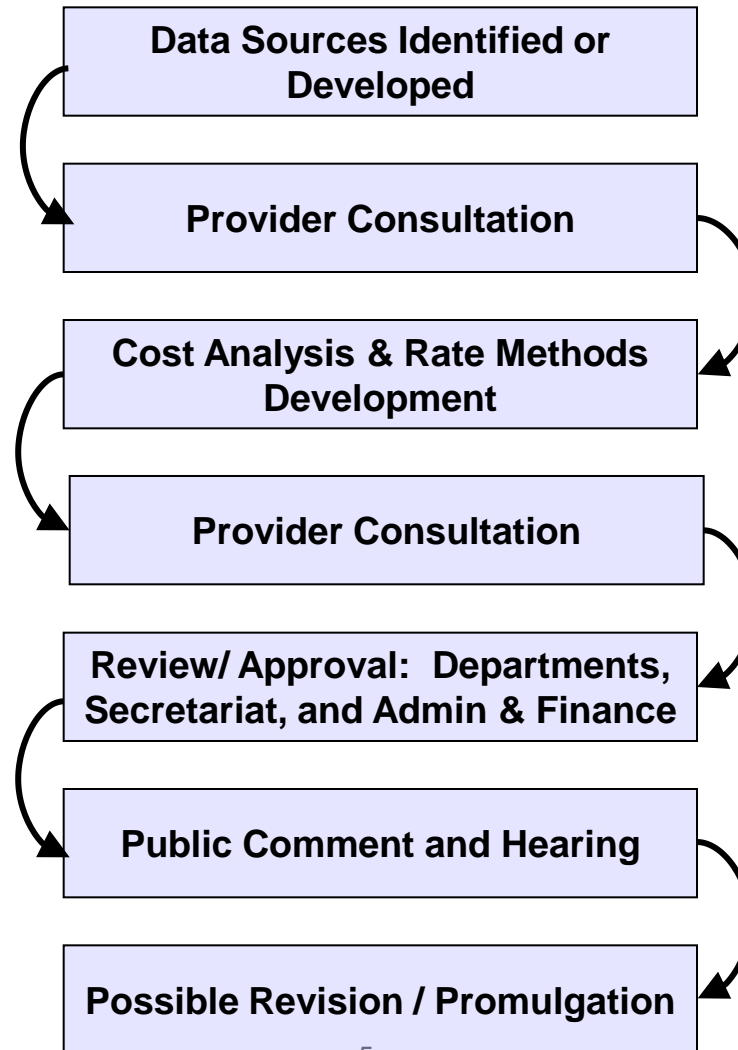




# Process of Analysis, Development, Approval, and Hearing



## Pricing Analysis, Rate Development, Approval, and Hearing Process





# EOHHS Approach to Ch. 257 Rate Development



For all services under rate regulation, EOHHS reviews existing pricing methodologies, gathers input from departments and providers, and conducts analyses of existing cost and utilization changes to existing rates or proposed new rates. The following factors may be considered in Chapter 257 rate-setting:

- Salaries and Wages
- Taxes and Fringe Benefits
- Management and General Costs (e.g., Indirect)
- Client to Staff Ratios
- Cost Adjustment Factor (CAF)
- Productivity Factor / Utilization Rate
- Relief Factor
- Geographic Variation



# Domestic and Sexual Assault Victim Services Rate Project



The Domestic and Sexual Assault Victim Services Rate Project is focusing on the programs below at both DCF and DPH.

Dept	Code	Program Name	FY13 Spending
DCF	DVCB	DV Community Based	\$10,301,872
	3361	Sex Assault Prev.& Surv.	\$4,836,392
DPH	4785	LGBT Domestic Violence Response	\$329,046
	4749	Refugee & Immigrant Safety (RISE)	\$1,068,817



# Focus of Rate Setting Process



- Project focus is the community-based work at DPH and DCF.
- Trying to understand how the programs interact and so that we can price them together in a meaningful way.
- We understand that there is a difference between domestic violence and sexual assault – clearly different populations and different responses to the crisis.
- Goal is to identify similarities and synergies, as well as meaningful differences.
- Also, there are various funding sources, at both the state and local levels, which need to be considered.





# DPH Program Descriptions



- Rape Crisis Centers – Provide services for adolescent and adult sexual assault survivors and their family/support network, including 24 hour hotline, group and individual counseling, accompaniment to medical, police, court, and related processes, as well as prevention education and professional training.
- LGBT Domestic Violence Response – Provides sexual and domestic violence prevention and survivor services that are accessible to gay, lesbian, bisexual, and/or transgender populations. Services include crisis intervention, counseling, case management, housing advocacy, supported referral, community education, training, and outreach, and community engagement.
- Refugee and Immigrant Safety (RISE) – Provides sexual and domestic violence advocacy, enhanced referral, outreach, community organizing and legal services for immigrant and refugee communities.



# DCF Program Descriptions



## Community Based Domestic Violence Programs

- General Community-based Services (Support and Advocacy) – Provides free and confidential support and advocacy to individual victims and their families and community members in their local neighborhoods. The majority of victims of domestic violence are served in community-based settings.
- Child Witness to Violence Programs – Twelve programs that provide clinical intervention and support to children who have been exposed to domestic violence and their non-offending caregivers.
- Supervised Visitation – Centers where children can have safe contact with the parent who is abusive, with support for non-offending caregivers. The goal of these services is to maximize the safety and well-being of adult victims and children impacted by domestic violence, sexual assault, and/or stalking and to provide access to safe visitation for non-custodial parents.



# Provider Overlap



There is a long list of providers who currently have contracts with DCF and DPH.

	#	DPH	DCF	Total
Shared	17	\$2,795,851	\$5,244,119	\$8,039,970
DPH only	16	\$3,438,404		\$3,438,404
DCF only	26		\$5,057,754	\$5,057,754
				<b>\$16,536,128</b>

Because of the considerable overlap between vendors, we will need to consider how to reflect that in the rate development.



# Program Commonalities



In pricing the services, we need to consider several factors. Ideally, we would be able to identify a set of core services supported by all providers, with extra pieces that vary by site.

## Initial commonalities –

- Assessment/screening
- Individual/group sessions
- Program infrastructure – management, clinical supervision, counselors (domestic violence and/or rape crisis counselors)
- Case management and advocacy – may lead to accompaniment
- Coordinated community response / partners in statewide network

**How many funded staff are needed to provide these program components?**



# Discussion Questions



For all providers:

- What information about your programs do we *not* have from the UFR?
- What else should we consider in developing rates?
- How do you manage volunteers (if you have them)?

For providers with both DCF and DPH contracts:

- Do you have staff members who work across the programs?  
If so, how do you manage this cross-program staff?
- Do any of these staff members also work in programs supported by other funding streams?



# Questions/Feedback



The meeting presentation will be posted on Chapter 257 website:

[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)

Comments and questions regarding Chapter 257 process can be sent to: [EOHHSPOLPolicyOffice@state.ma.us](mailto:EOHHSPOLPolicyOffice@state.ma.us)